

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000060429

**FILED  
Jul 31, 2019  
Secretary of State  
0768298668CC**

**Entity Name:** CRESKA 1118 LLC

**Current Principal Place of Business:**

19201 COLLINS AVE.  
UNIT 1118  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

19201 COLLINS AVE.  
UNIT 1118  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DD CORPORATE SERVICES  
17501 BISCAYNE BLVD.  
SUITE 420  
AVENTURA, FL 33160 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AUTHORIZED MEMBER, MANAGER,  
                    PRESIDENT  
Name            CINQUINI, JORGE OMAR  
Address        19201 COLLINS AVE.  
                    UNIT 1118  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            AUTHORIZED MEMBER, MANAGER,  
                    VP  
Name            MARGARIA, FACUNDO  
Address        19201 COLLINS AVE.  
                    UNIT 1118  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            MANAGER  
Name            RODRIGUEZ, ESTELA MARIS  
Address        19201 COLLINS AVE.  
                    UNIT 1118  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CINQUINI JORGE OMAR

**PRESIDENT**

**07/31/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date